



## PROOF OF SERVICE

STATE OF \_\_\_\_\_, County of \_\_\_\_\_ ss.

I hereby certify that I made service of the foregoing summons upon the individuals and other legal entities to be served, named below, by delivering or leaving true copies of the summons and the complaint mentioned therein, certified to be such by the attorney for the plaintiff, as follows:

## Personal Service Upon Individual(s)

Upon \_\_\_\_\_, by delivering such true copies to \_\_\_\_\_, personally and in person, at \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

Upon \_\_\_\_\_, by delivering such true copies to \_\_\_\_\_, personally and in person, at \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

## Substituted Service Upon Individual(s)\*

Upon \_\_\_\_\_, by delivering such true copies at his/her dwelling house or usual place of abode, to-wit: \_\_\_\_\_

to \_\_\_\_\_, who is a person 14 years of age or older and a member of the household of the person served on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

Upon \_\_\_\_\_, by delivering such true copies at his/her dwelling house or usual place of abode, to-wit: \_\_\_\_\_

to \_\_\_\_\_, who is a person 14 years of age or older and a member of the household of the person served on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

## Office Service Upon Individual(s)\*

Upon \_\_\_\_\_, at the office which he/she maintains for the conduct of business at \_\_\_\_\_

by leaving such true copies with \_\_\_\_\_, the person who is apparently in charge, on \_\_\_\_\_, during normal working hours, at \_\_\_\_\_ o'clock, \_\_\_\_ M.

## Mail Service Upon Individual(s)\*\*

Upon \_\_\_\_\_, by mailing such true copies to him/her by first class mail and ALSO by (check one): ☐ certified or registered mail with return receipt requested ☐ express mail.

## Service Upon Tenant(s) of a Mail Agent\*\*\*

Upon \_\_\_\_\_, by delivering such true copies to \_\_\_\_\_, a person apparently in charge of \_\_\_\_\_, which is the place where the mail agent receives mail for the tenant(s), its address being \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ o'clock, \_\_\_\_ M. Prior to effecting such service, I made diligent inquiry but could not find the tenant(s) so served.

## Service on Corporations, Limited Liability Companies, Limited Partnerships, General and Limited Liability Partnerships or Unincorporated Associations

Upon \_\_\_\_\_ (NAME OF CORPORATION, LIMITED LIABILITY COMPANY, ETC.) by \_\_\_\_\_

(a) delivering such true copies, personally and in person, to \_\_\_\_\_ who is a/the \_\_\_\_\_ (Specify registered agent, officer (by title), managing member, general partner, etc.) thereof; OR

(b) leaving such true copies with \_\_\_\_\_, the person who is apparently in charge of the office of \_\_\_\_\_ who is a/the \_\_\_\_\_

(Specify registered agent, officer (by title) director, general partner, managing agent, etc.) thereof;

at \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

Dated \_\_\_\_\_

Sheriff

By \_\_\_\_\_ Deputy

I further certify that I am a competent person 18 years of age or older and a resident of the state of service or the State of Oregon, and that I am not a party to nor an officer, director or employee of, nor attorney for any party, corporate or otherwise; that the person, firm or corporation served by me is the identical person, firm or corporation named in the action.

Dated \_\_\_\_\_

SIGNATURE

TYPE OR PRINT NAME

ADDRESS

CITY

STATE

ZIP

PHONE

The signature lines on the left should be used only by an Oregon county sheriff or deputy. All other servers should complete the certification on the right. The Proof of Service above contains most, but not all, of the permissible methods of service. For example, this form does not include proof of service upon a minor or incompetent person. See ORCP 7 D for permissible service methods with respect to particular parties.

\*Where substituted or office service is used, the plaintiff, as soon as reasonably possible, shall cause to be mailed, by first class mail, true copies of the summons and the complaint to the defendant at defendant's dwelling house or usual place of abode, together with a statement of the date, time and place at which such service was made. Use S-N Form No. 1149, Notice of Substituted or Office Service, or the equivalent.

\*\*Service by mail may be made when required or allowed by ORCP 7 or by statute, except as otherwise permitted. If the summons and complaint are mailed, this certification may be made either by the person completing the mailing or by the attorney for any party, stating the circumstances of mailing and including the return receipt as an attachment. An attorney completing the mailing should delete "nor attorney for" from the last paragraph of this document. Failure to serve a summons in accordance with ORCP 7 and other applicable rules and statutes may affect or nullify the validity of such service.

\*\*\*Where service upon a tenant of a mail agent is used, the plaintiff, as soon as reasonably possible, shall cause to be mailed, by first class mail, true copies of the summons and the complaint to the defendant(s) at the address at which the mail agent receives mail for the defendant(s) and to any other mailing address of the defendant(s) then known to the plaintiff, together with a statement of the date, time, and place at which delivery was made.

6/11/2019 10:13 AM  
19CV25762

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

AMANDA LOPRESTI,

Plaintiff,

v.

THE KROGER CO., an Ohio corporation,

Defendant.

Case No.

COMPLAINT

(Injured Worker Discrimination;  
Statutory Discrimination; Wrongful  
Discharge)

CLAIMS NOT SUBJECT TO  
MANDATORY ARBITRATION

Prayer Amount: \$600,000

Filing Fee Statute: ORS § 21.160(c)

Plaintiff alleges:

**FIRST CLAIM FOR RELIEF**

(Injured Worker Discrimination)

1.

Plaintiff is a resident and citizen of the State of Oregon.

2.

Defendant is an Ohio corporation. At all material times Defendant employed six or more employees in the state of Oregon. At all material times Defendant acted through agents and employees, who at all material times acted within the course and scope of their agency and employment for Defendant.

1 3.

2 Defendant employed Plaintiff from on or about November 11, 2012 until May 14,  
3 2019, when Plaintiff was terminated. Prior to Plaintiff's termination, and on or about  
4 February 20, 2019, Plaintiff suffered a work-related injury to her shoulder and lower back  
5 and filed a workers' compensation claim.  
6

7 4.

8 Defendant terminated Plaintiff in substantial part because she suffered a work-related  
9 injury, and/or filed a workers' compensation claim, and/or had invoked and/or utilized the  
10 benefits and procedures of the workers' compensation laws of the state of Oregon.  
11

12 5.

13 As a result of said discrimination, Plaintiff has suffered and continues to suffer  
14 emotional distress all to her non-economic damage in an amount to be proven at trial, which  
15 sum is alleged to be \$500,000.  
16

17 6.

18 As a further result of said discrimination, Plaintiff has suffered and continues to suffer  
19 economic damages in an amount to be proven at trial, which amount is alleged to be not  
20 greater than \$100,000.  
21

22 7.

23 Defendant acted with malice and/or demonstrated a reckless and outrageous  
24 indifference to a highly unreasonable risk of harm and acted with a conscious indifference to  
25 the health, safety and welfare of Plaintiff, and Plaintiff reserves the right to allege punitive  
26 damages pursuant to ORS 31.725 and 31.730.

1 8.

2 Plaintiff is entitled to her reasonable attorneys' and expert witness fees pursuant to  
3 ORS 659A.885 and ORS 20.107, respectively.  
4

5 **SECOND CLAIM FOR RELIEF**

6 (Statutory Discrimination - ORS 654.062)

7 9.

8 Plaintiff realleges paragraph 1 through 8.  
9

10 10.

11 Prior to Plaintiff's termination she reported to Defendant and/or opposed what she  
12 believed in good faith to be unsafe conditions or unsafe work practices, related to being  
13 required to use a step stool that was prone to tipping over when in use.  
14

15 11.

16 A substantial factor in Defendant's termination of Plaintiff was that she had reported  
17 to Defendant and/or opposed what she believed in good faith to be unsafe working conditions  
18 and/or work practices.  
19

20 12.

21 Plaintiff is entitled to her reasonable attorneys' and expert witness fees pursuant to  
22 ORS 654.062; ORS 659A.885 and ORS 20.107, respectively.  
23

24 **THIRD CLAIM FOR RELIEF**

25 (Wrongful Discharge)

26 13.

Plaintiff realleges paragraph 1 through 7, 10 and 11.


14.

Plaintiff was terminated in substantial part for pursuing an important employee-related right to work in a safe work environment and/or to use safe equipment.

WHEREFORE, Plaintiff prays for judgment as alleged in the claims stated above.

DATED this 11<sup>th</sup> day of June, 2019.

BUSSE & HUNT

  
SCOTT N. HUNT, OSB #923433  
Telephone: (503) 248-0504  
*shunt@busseandhunt.com*  
Of Attorneys for Plaintiff Amanda Lopresti

TRIAL ATTORNEY:  
SCOTT N. HUNT, OSB #923433



## Notice of Service of Process

LYN / ALL  
Transmittal Number: 19976231  
Date Processed: 06/20/2019

**Primary Contact:** Venessa C. Wickline Gribble  
The Kroger Co.  
1014 Vine Street  
Cincinnati, OH 45202-1100

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<b>Entity:</b>	The Kroger Co. Entity ID Number 2171751
<b>Entity Served:</b>	The Kroger Co.
<b>Title of Action:</b>	Amanda Lopresti vs. The Kroger Co.
<b>Document(s) Type:</b>	Summons/Complaint
<b>Nature of Action:</b>	Discrimination
<b>Court/Agency:</b>	Multnomah County Circuit Court, OR
<b>Case/Reference No:</b>	19CV25762
<b>Jurisdiction Served:</b>	Oregon
<b>Date Served on CSC:</b>	06/19/2019
<b>Answer or Appearance Due:</b>	30 Days
<b>Originally Served On:</b>	CSC
<b>How Served:</b>	Personal Service
<b>Sender Information:</b>	Scott N. Hunt 503-248-0504

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Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

**To avoid potential delay, please do not send your response to CSC**  
251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | [sop@cscglobal.com](mailto:sop@cscglobal.com)